



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: SULLIVAN COUNTY COMMUNITY HOSPITAL

City of Hospital: Sullivan

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Jim Bishop

Email Address: jim.bishop@schosp.com

Medicare Provider Number: 15-1327

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$13271427
Outpatient Patient Service Revenue	\$79444864
Total Gross Patient Service Revenue	\$92716291

2. Deductions From Revenue

Contractual Allowance	\$62497702
Other Deductions	\$0
Total Deductions	\$62497702

3. Total Operating Revenue

Net Patient Service Revenue	\$30218589
Other Operating Revenue	\$10514128
Total Operating Revenue	\$40732717

4. Operating Expenses

--	--	--	--

Salaries and Wages	\$18569215	Employee Benefits	\$5738862
Depreciation and Amortization	\$1895512	Interest Expense	\$217071
Bad Debt	\$2069811	Other Expenses	\$13148311
Total Operating Expenses	\$41638782		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-906065	Total Assets	\$47144938
Net Non-operating Gains over Loss	\$2449822	Total Liabilities	\$4453621
Total Net Gains	\$1543757		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$44504000	\$29818000	\$14686000
Medicaid	\$23179000	\$17616000	\$5563000
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$25033291	\$15063702	\$9969589
Total	\$92716291	\$62497702	\$30218589

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
--------------------------	-----

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$764,000		

	Subtotal	\$764000	\$0	\$764000
Medicare Shortfalls		\$0	\$0	
Other Government Programs		\$0	\$0	
	Total	\$764000	\$0	\$764000

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

//